

Mental Health Transformation Council

Waterbury State Complex – Stanley Hall, Room 100 – June 23, 2008

MINUTES

Present

Michael Hartman, Beth Tanzman, Judy Rosenstreich, Stuart Graves, Nick Emlen, Kitty Gallagher, Jean New, Linda Corey, Sally Parrish, Julie Tessler, Ed Paquin, Maureen Mayo, David Gallagher, Harvey Peck, Jill Olson, Terry Rowe

Participating in Today's Meeting

Vermont Council on Developmental and Mental Health Services
Vermont Center for Independent Living
Vermont Psychiatric Survivors
Vermont Protection and Advocacy
Vermont Association of Hospitals and Health Systems
Adult State Standing Committee
CRT Directors
Department of Mental Health
Vermont State Hospital
Advocates, consumers and family members

Michael Hartman highlighted a number of issues that are of interest to the mental health community and invited others to share developments in which they are involved.

Joint Commission (JC) – The life safety portion of the JC visit occurred this morning, June 23, consisting of a building and facilities inspection. The Joint Commission will soon issue one report, covering clinical, facility and safety aspects of VSH, after which VSH will have 45 days to submit a plan of correction addressing the Commission's findings. If the plan of correction is accepted, the Joint Commission may award temporary accreditation, an outcome that appears to be realistic based on the limited number of findings cited in the review exit interviews. Once VSH demonstrates that it is maintaining the standards required for accreditation over time, the hospital will be eligible for permanent accreditation. Speaking to the Transformation Council later in the meeting, Terry Rowe shared details of the life safety inspection that has brought VSH to the verge of accreditation. The Council recognized the hard work of VSH staff and gave Terry and her staff a round of applause.

Centers for Medicare and Medicaid Services (CMS) – In April, the Vermont State Hospital applied for CMS certification. Because VSH had lost certification, the application that VSH filed in April was for certification *as a new entity*, which is the category that VSH is seeking certification in this application. CMS delegates inspections in Vermont to the Division of Licensing and Protection in the Vermont Department of Disabilities, Aging and Independent Living (DAIL). If the findings from these surveys are consistent with those from the Joint Commission, this would suggest a strong case for VSH achieving certification. Under Vermont’s Global Commitment Medicaid Waiver, the State will claim services at VSH for federal Medicare and Medicaid funding.

Act 114 in the Community – DMH is pursuing the goals discussed this past year to apply Act 114 in the community by working out procedures and issues at the local level with HowardCenter and WCMHS. These agencies have the most patients and also are in closest proximity to VSH so a good starting point to implement Act 114 in the community is to work with clinical leadership at VSH and the two agencies around the needs of 3-5 people a year.

Adult Mental Health Director – DMH leadership has interviewed candidates and we are down to three people. The next step will be second interviews with consumer, family, and advocate stakeholders and staff who will be working with this person. We expect to complete the process in the next 3-5 weeks with the hiring of a new Adult Mental Health Director.

Seclusion and Restraint Project at VSH – DMH has hired Ed Riddle, formerly an officer of the Portland (Oregon) Police Bureau. Officer Riddle was instrumental in developing the Bureau’s Crisis Intervention Team, which became a model approach for individuals in mental crisis. He trained police officers in how to do de-escalation and brought the organization on board with de-escalation concepts and skills. He also has worked at Maple Leaf Farm and the Assist Program at HowardCenter. Implementation plans for the seclusion and restraint grant at VSH include training in September and a visit to Vermont from the National Association of State Mental Health Program Directors in October. The intent is to invite consumers and family members to these meetings.

Grants – Three grant applications to the Substance Abuse and Mental Health Services Administration (SAMHSA) are pending.

- Improve public and private **mental health services for Vermonters age 60+** with special focus on dementia caregivers experiencing symptoms of mental disorders. In collaboration with Department of Disabilities, Aging and Independent Living (DAIL), the initiative is designed to enhance capacity to serve older Vermonters through a public-private provider network, quality improvement process, and early identification and intervention services to caregivers of people with

dementia. If funded, the grant will help achieve integration of mental health services with long-term care for older Vermonters.

- Implement a **jail diversion program in Chittenden County for veterans** and others with post-traumatic stress disorder (PTSD) and other trauma-related disorders. The grant request for \$412,000/year for up to 5 years would focus on veterans in recognition of their higher prevalence of trauma-related illnesses.
- Mental Health Services for **Transition Age Youth**: This grant application is to help young Vermonters (16 through 21) with severe emotional disturbance (SED) successfully transition to adult life. It would help transition-aged youth to be productively engaged in the community and free from incarceration by providing necessary supports, including treatment for mental health and co-occurring substance use challenges, employment, housing, post-secondary education, and caring relationships with service providers and community members. If funded, the grant would provide up to \$9 million over a six-year period.

CRT Conference – Participation in the conference brought together about 200 people from the mental health community and created synergy among us. We will try to keep that going.

PUBLIC COMMENT

- A mental health recovery grant aimed at 18-25 year-olds would help to reduce stigma. The young people would be directly involved in the campaign, including public speaking to create greater awareness. VPS is working with this age group.
- How can we help people in their 30's with mental illness? If they want to get married, they face reduced benefits for Food Stamps and other programs.

Futures Update

Beth Tanzman reviewed the programs and services that have been created, expanded or otherwise in development as a result of the Futures project.

1. peer-run crisis respite program

The idea for a peer-run crisis respite program was developed by the Futures Peer Support Work Group. Going from concept to implementation requires detailed planning in regards to location of the program, insurance, zoning, and program development. To bring the concept to reality, a program developer will be recruited and the work group will be part of the hiring process. VPS is providing technical assistance.

2. nine (9) new crisis beds

Futures plan called for ten new crisis beds and we have been able to create nine. NCSS and NKHS have two (2) beds each, have been operating about 10 months, and occupy rented space. Goals for coming year: increase acuity level of people served and increase utilization of these beds including for people outside of the program area. RMHS is scheduled to open two beds July 1. HowardCenter's ASSIST was expanded to include three (3) new beds. The plan was to use the agency's Flynn Avenue facility; however, zoning issues require that the new beds be temporarily located at a second site in Burlington.

In all, we now have 27 crisis stabilization beds around the state at locations in Barre, Burlington, Springfield, Bennington, St. Johnsbury, St. Albans, and Rutland.

3. Second Spring community residential recovery

Operating since May 2007, Second Spring is expanding its program from 11 to 14 beds, effective in FY 09 (July 1, 2008) and is ready to serve more challenging clients. Residents have moved on to other community settings more rapidly than anticipated, opening up beds for more VSH patients and impacting the state hospital census. A Second Spring staff member left the program to open a program in Montpelier as a successor to Another Way. The programming continues to develop new approaches to recovery and recently residents have been taking part in dramatic arts by making films.

4. staff secure community residential recovery

Pre-development work on a second staff-secure residential program has begun, following a review of two proposals and selection of HCRS, which is collaborating with Retreat Healthcare in Brattleboro to create a 6-bed secure residence for VSH patients. Similar to Second Spring in maintaining a focus on recovery-oriented programming, the HCRS collaboration (called the Southern Alliance) would differ in that it must be a staff-secure facility able to serve clients who, at least initially, may be involuntary.

5. housing supports

The Futures plan identified housing as one of the more important contributions to recovery. An infusion of new funding for housing supports has brought the original level of the Housing Contingency Fund, \$300,000, up to \$690,000. That money has been allocated to the Designated Agencies for rental assistance to help people stay in their communities. Closing the affordability gap between SSI income and rental housing costs remains an important goal.

6. secure locked residential facility

The proposed 15-bed secure residential program is for those who do not require the medical support of a hospital but do need a secure setting. The Futures Team and stakeholders are working on programming, which will inform architectural design and analysis of costs for the three options, one involving new construction

and the other two renovation of existing state hospital (or former state hospital) buildings. Once the analysis is complete, DMH will put forth the best option for legislative and BISHCA Certificate of Need review.

7. alternate transportation

Two pilot projects, HowardCenter and Washington County Mental Health, have implemented alternate transportation to reduce the use of restraints when transporting clients. The goal is to expand this statewide.

8. clinical care management system

We will begin work with a consulting team and Vermont providers, consumers, and family members to create agreement on how to use Vermont's inpatient, crisis and residential beds so that a client gets care when and where it is needed. This will require working out "rules of the road" that help guide the movement of clients needing acute care between providers (such as between different Designated Agencies) and across levels of care (inpatient, crisis beds, and group homes). This will also involve some standardization about what is reasonable to expect out of a crisis bed program, for example. DMH, with the help of a review group selected New England Health Partners to work with our stakeholder community to design a care management system. A Care Management Steering Committee will help guide the process; it will meet July 15 with the consulting team to begin work.

Transformation Council Priorities for Next Year

Michael Hartman asked Council members to give him a sense of what issues DMH should be paying attention to in the coming year. He received feedback ranging from the problems precipitated by the worsening economy to the lack of respect that consumers at times experience when they take initiatives to offer peer support services.

- High cost of gasoline, home heating oil, and transportation are making consumers anxious about how they will manage increases in their rent and utilities on already very tight household income.
- The importance of the VISI project and its continued ability to pursue the mission of integrated services.
- Offer training to staff of psychiatric hospital programs in the peer perspective and role of peers in fostering recovery of patients. Recognize the experience of peers in physical health issues such as diabetes and high blood pressure, and the benefit of peers working with peers in how to care for one's physical health.
- Education is a key component in mental health. Doctors and other providers need more education concerning peers---who we are and what we can do in the care environment.
- Think about how Vermont can make the job of psychiatrist more appealing in an effort to address the shortage of psychiatrists.

- Focus on the increasing financial pressures on the mental health services system, especially for timely and effective emergency services / crisis intervention, a part of our system that could affect the largest number of people before they go into crisis. Work on funding from VHAP.

The Council spoke to all the positive accomplishments that are cause for celebration. These include development and implementation of Futures initiatives (listed above) and strides made at Rutland Regional Medical Center to strengthen their psychiatric inpatient program and staff such that they now treat area residents instead of referring to VSH.

DMH should focus on plans to replace inpatient functions of Vermont State Hospital and to look outside of the hospital to do this by constructing a new secure facility rather than trying to use the most expensive prison (Dale Women's Facility) scheduled for closure in January 2009 for a mental health facility that would have the same operating challenges that drive up operating costs.

Outpatient services was noted as an area that warrants greater attention and resources.

Finally, the fact that a new Legislature will result in turnover of members will require greater communication to impart an understanding of the Futures project and the mental health system overall. The stakeholder community is needed to help DMH communicate the concerns voiced today.

The meeting adjourned at 4:00 p.m.

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